

STATE OF MICHIGAN DEPARTMENT OF EDUCATION LANSING



PUBLIC INSTRUCTION

November 10, 2003

Dear Partner in School Health:

We would like you to be aware that the *Michigan Model for Comprehensive School Health Education* continues to be used in 94 percent of Michigan school districts with over 60 percent of our students, despite a funding cut of 84 percent. It is the intention of the joint leadership of our state agencies to continue to support this award-winning curriculum and the infrastructure for school health that has supported it for the past 20 years.

History and National Acclaim

The *Michigan Model* began implementation in 1983 with the coordination and oversight of the State Steering Committee for Comprehensive School Health Education, a collaboration of state departments and outside organizations. The *Michigan Model* has been identified as a "Promising Program" by the U.S. Department of Education, Office of Safe and Drug Free Schools; a Select Program by the Collaborative for Academic, Social and Emotional Learning (CASEL); and given a grade of "A" by Drug Strategies, Inc. The infrastructure supporting coordinated school health programs in Michigan, located in 26 regional coordinating sites at 22 intermediate school districts and four large public school districts, is a national model for other states. The great benefits for Michigan are evident: a voluntary, skills-based, sequential, and comprehensive health education curriculum, using best educational practice and accurate health information, delivered statewide, and impacting over one million Michigan students and their families!

Services Provided in 2001-2002

In 2001-2002, the regional School Health Coordinators provided professional development and curriculum materials to over 3,000 teachers. The teachers who needed training had been reassigned to a different grade level, had never taught health education before, or wanted training in the new lessons for middle and high school that had been developed with federal funding. In addition, professional development was provided to nearly 3,000 others, such as administrators, support staff, and parents, on health-related topics such as administering medications in schools, asset development, and bullying prevention. The Coordinators also networked with local agencies to coordinate school health programs, collaborated with local community programs to prevent duplication of services, and worked with communities and families to reinforce the positive health skills that were taught in the classroom. See the 2001-2002 Year End Report at www.emc.cmich.edu for more details.

Services To Be Provided in 2003-2004

However, with an 84 percent funding reduction, services cannot continue as usual. The coordinating sites are making difficult decisions about how to use their \$19,320 allocation this year. Some of the regional sites are

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helping to temporarily cover the cost of training new teachers and new curriculum by providing funds from their general budgets. Others do not have the discretionary funds to do this. In some cases, the State has been able to allocate federal dollars for training in new *Michigan Model* curriculum, such as the character education modules for middle and high schools.

The sad fact is that, statewide, fewer Michigan teachers will be trained, fewer materials will be provided, and less time will be available to provide quality technical assistance.

The Good News

The good news is that, although drastically under-funded, the 26 regional coordinating sites are continuing to provide technical assistance to teachers in districts and school buildings that received training in previous years. Teachers who were trained in the *Michigan Model* in previous years are continuing to teach the lessons in their classrooms in grades kindergarten through high school. A few sites have found temporary local funding to allow a full menu of services to be provided to their schools. When adequate state funding is restored, full services will be restored statewide.

Partnerships

The Michigan Departments of Education and Community Health welcome partners in promoting coordinated school health programs, including health education. There is a lot of work to do to reverse childhood obesity, increase physical activity, reduce risk behaviors such as alcohol and other drug use, and promote positive, assertich learning environments for our children.

School health advocates can also contact their decision makers to educate them about the benefits of the *Michigan Model for Comprehensive School Health Education* for learning and child health. If your agency is interested in partnering with the schools, or if you desire a presentation on the *Michigan Model* or coordinated school health programs, please contact the program managers identified below.

- Brenda Fink, Michigan Department of Community Health, (517) 335-8863
- Elizabeth Haller, Michigan Department of Education, (517) 335-0565

Thank you for your continued support of the *Michigan Model for Comprehensive School Health Education*. We look forward to continued opportunities to collaborate.

Sincerely,

Tom Watkins

Superintendent of Public Instruction-

Department of Education

Janet Olszewski, Director

Department of Community Health

Nannette M. Bowler, Director Family Independence Agency